

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	71520	05-6-99
O.I.P.E. CLASSIFIER		16	51099
FORMALITY REVIEW	DM	72223	5-14-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	3 10 8 2
1	✓
2	✓
3	✓
4	✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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